

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4						
5		1				
6		5				
7		5				
8		5				
9		5				
10	1					
11		1				
12		1				
13		3				
14		3				
15		3				
16		3				
17		3				
18		3				
19	1					
20	1					
21	1					
22		3				
23		3				
24		3				
25		3				
26		3				
27	1					
28	1					
29		1				
30		1				
31		1				
32		1				
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	67					
TOTAL CLAIMS	70					

1	IND	DEP	1	IND	DEP	1	IND	DEP
51								
52								
53								
54								
55								
56								
57								
58								
59								
60								
61								
62								
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99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								